

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, September 22, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Wayne M. Lerner, DPH, LFACHE and Erica E. Marsh, MD, MSCI (3)

Board Chairman M. Hill Hammock (ex-officio), Director Emilie N. Junge, Patrick T. Driscoll, Jr. (non-Director Member) and Patricia Merryweather (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer  
Karen Duncan, MD – Interim Chief Operating Officer, Hospital Based Services  
Claudia Fegan, MD - Executive Medical Director/Medical Director-Stroger  
Anwer Hussain, MD – Provident Hospital of Cook County  
Richard Keen, MD – Chairman, Department of Surgery  
Jeffery McCutchan – Associate General Counsel

Jayne Mitton, RN - John H. Stroger, Jr. Hospital of Cook County  
Elizabeth Reidy – General Counsel  
Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer  
Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County  
Gennadiy Voronov, MD – Chairman, Department of Anesthesiology and Pain Management

## **II. Public Speakers**

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

## **III. Report from Chief Quality Officer**

### **A. Regulatory and Accreditation Updates**

Dr. Krishna Das, Chief Quality Officer, stated that there were no new updates to provide regarding regulatory and accreditation matters. Staff continue their preparations for the full accreditation survey by The Joint Commission (TJC) at Stroger Hospital; the survey will occur anytime between now and November. She noted that there have been reviews by representatives of the Illinois Department of Public Health of a variety of newly installed equipment.

### **B. Metrics (Attachment #1)**

Dr. Das reviewed the presentation on Metrics. The Committee discussed the information.

With regard to Slide 2, Board Chairman Hammock remarked that, in looking at the first three (3) measures, it looks like the performance is relatively consistent over the past two (2) years. He stated that, as the administration looks at next year, if the measures look like they have stabilized, let's find some others to track. Dr. Das concurred; she stated that the administration is going through a process to determine those measures for next year.

### **III. Report from Chief Quality Officer (continued)**

During the discussion of the slides pertaining to Patient Experience, Director Lerner commented on the measures relating to the patient's willingness to recommend the hospital and their perspective on cleanliness. Dr. Das stated that, with regard to cleanliness, the patient comments seem to focus on three (3) areas: bathrooms, general cleanliness all around and cleanliness within the patient rooms. Director Lerner suggested that, in the future, on a quarterly basis, the Committee should receive for review and information all of the open-ended comments received from patients in survey responses.

Dr. John Jay Shannon, Chief Executive Officer, stated that management of environmental services is provided under the Sodexo contract; the staff is employed by CCHHS. Representatives from Sodexo are engaged in this conversation; the managing director of that area sees these reports regularly, is involved in the patient experience council, and is involved in the hospital quality improvement committee. Dr. Shannon added that there will also be a greater investment in personnel for that area in FY2016. Director Lerner inquired as to the contract length for the Sodexo contract and whether there is any incentive included in the contract in relation to these kinds of statistics. Dr. Karen Duncan, Interim Chief Operating Officer, Hospital Based Services, responded that the Sodexo contract expires in June of 2016; with regard to the question relating to whether those types of incentives are built into the current contract, she responded in the negative. Director Lerner recommended that when the administration is developing the Request for Proposals (RFP) for the new contract, some kind of metrics-based standards should be built into that so the vendor has an ownership in this area. Chairman Gugenheim noted that there is also an issue of general ownership by the collective of all staff. It was requested that the director from Sodexo responsible for managing these services present their plans for improving the metrics at a future meeting. Director Junge recalled that years ago, there were issues with Sodexo in terms of supplies and scheduling; it may be worth seeing if there are obstacles from the union's perspective on what is happening "on the ground."

Board Chairman Hammock stated that he hopes the Board will be spending a lot of time and energy thinking about ambulatory care in the upcoming year; this subject is so critical to CCHHS' future as a health system. When thinking about new metrics to add for the coming year, which starts December 1<sup>st</sup>, further thought should be given to Ambulatory Services. He noted that there are currently four (4) measures relating to Ambulatory Services; perhaps another three (3) or four (4) measures for next year would be appropriate.

### **C. Operating Room Performance Improvement Project (Attachment #2)**

The following individuals reviewed the presentation on the Operating Room (OR) Improvement Project and provided additional information: Dr. Richard Keen, Chairman of the Department of Surgery; Jayne Mitton, RN, Interim Service Line Director, Perioperative Services at John H. Stroger, Jr. Hospital of Cook County; and Dr. Gennadiy Voronov, Chairman of the Department of Anesthesiology and Pain Management.

Board Chairman Hammock stated that, according to the information, the number of surgeries has been relatively stable over a period of time; he inquired whether the number of surgery ORs has increased or decreased. Dr. Keen responded that the number of ORs decreased by two (2) since March, from a total of twenty (20). Currently, there are seventeen (17) ORs available: one (1) room is down and is not available for surgeries; one (1) room is reserved for Trauma; and sixteen (16) are available for scheduling.

Dr. Keen stated that the complexity of the cases has increased, as there has been a conscious effort to move more straightforward cases to Provident Hospital. There are a large number of emergencies that come in; staff have to accommodate the emergencies/demand that comes in, accommodate those who were scheduled in advance, and accommodate the new patients requiring urgent care.

### **III. Report from Chief Quality Officer (continued)**

Director Marsh inquired regarding the wait time to get an elective case scheduled. Dr. Keen responded that the wait time varies, and is based on many factors. Dr. Shannon provided information on some factors that affect this; he stated that, currently, there is the immediate triaging for cases that come in through Trauma or the Emergency Department (ED). The second tier of that is typically related to oncologic or cancer cases that are waiting; everything else follows after that. The hope is that one of the byproducts of this project is to develop sets of metrics across these different areas of surgery.

Information was provided regarding patient communications prior to the day of surgery. Ms. Mitton stated that staff from Clinic C are supposed to call the patients on the day before the surgery; in addition, she noted that residents frequently call the patient the day before the surgery. In the past, such communications were not tracked to ensure contact was made, but those communications are now tracked. Ms. Mitton stated that there are ways to improve this process; perhaps an additional phone call should be made to the patient one (1) week prior to surgery, as this may help for those patients who have issues with securing transportation or child care services.

Dr. Shannon reminded the Committee that OR improvements were one of the key initiatives for the organization this year. In keeping with last year, the baseline to comparison that will be used is 3<sup>rd</sup> Quarter - 2014 through 3<sup>rd</sup> Quarter - 2015. Dr. Das will be bringing that up to the Quality and Patient Safety Committee as part of the annual reporting on the System's performance on the overall quality plan. Additionally, he noted that the administration will be coming back with a follow-up in the coming year from the first look at the Illinois Surgical Quality Improvement Collaborative (ISQIC) data. With regard to the follow-up for the OR project, Director Lerner requested that the team try to differentiate from those cases that are pre-scheduled cases versus ED/Trauma cases.

### **IV. Action Items**

#### **A. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County**

##### **i. Receive reports from EMS Presidents**

Dr. Anwer Hussain, President of the EMS of Provident Hospital of Cook County, provided comments in support of expansion of surgical services at Provident Hospital.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, indicated that, in addition to the medical staff appointments being presented for the Committee's approval, the clinical contract review is also being presented today for approval by the Committee.

##### **ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #3)**

Director Lerner, seconded by Director Marsh, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

#### **B. Minutes of the Quality and Patient Safety Committee Meeting, July 21, 2015**

Director Lerner, seconded by Director Marsh, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of July 21, 2015. THE MOTION CARRIED UNANIMOUSLY.

**IV. Action Items (continued)**

**C. Any items listed under Sections IV and V**

**D. Approval of clinical contract review (Attachment #4)**

Director Marsh, seconded by Director Lerner, moved to approve the clinical contract review. THE MOTION CARRIED UNANIMOUSLY.

**V. Closed Meeting Items**

**A. Medical Staff Appointments/Re-appointments/Changes**

**B. Litigation Matter(s)**

The Committee did not convene into a closed meeting.

**VI. Adjourn**

As the agenda was exhausted, Chairman Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Cook County Health and Hospitals System  
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ATTACHMENT #1



# COOK COUNTY HEALTH & HOSPITALS SYSTEM

## CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

22 September 2015

Krishna Das, MD, Chief Quality Officer



# Quality – Stroger

CCHHS QPS Committee Dashboard																		
Data as of 09/15/2015		CY 2014						CY 2015						TARGET	VARIANCE *			
PERFORMANCE MEASURES		Q3 2014			Q4 2014			Q1 2015			Q2 2015					2015		
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June			July		
Stroger																		
Core Measures																		
Venous Thromboembolism (VTE) Prevention Only (%)		96	82	100	91	87	87	86	89	82	90	94	92	95	99	-4%		
Venous Thromboembolism (VTE) Prevention & Treatment (%)		92	84	88	87	83	84	79	92	79	86	91	86	84	99	-15%		
Care for Stroke Patients (%)		95	97	96	97	93	91	96	93	92	87	91	91	94	100	-6%		
Influenza and Pneumococcal Vaccination (%)		47	53	62	74	68	68	66	67	64	36	48	26	38	90	-52%		
Efficiency - Operating Room																		
Surgery Begins at Scheduled Time (%)		38	41	32	35	45	35	30	47	62	56	52	50*	52*	80	-28%		
OR Room Turn Around Time (minutes)		51	48	54	57	54	50	51	45	45	43	45	45*	43*	30	-43%		

## LEGEND

\* Data represents automated collection

\* Variance is target to recent month



# Quality – Provident

CCHHS QPS Committee Dashboard															
Data as of 09/15/2015	CY 2014						CY 2015							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2014			Q4 2014			Q1 2015			Q2 2015			2015		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July		
Provident															
Core Measures															
Venous Thromboembolism (VTE) Prevention Only (%)	86	89	94	75	93	94	93	100	100	94	94	100	100	99	1%
Venous Thromboembolism (VTE) Prevention & Treatment (%)	85	95	95	86	100	82	94	100	100	95	91	100	100	99	1%
Influenza and Pneumococcal Vaccinations (%)	64	77	62	78	71	89	93	79	95	93	97	95	91	90	1%
Efficiency - Operating Room															
Surgery Begins at Scheduled Time (%)	25	14	10	13	28	15	19	12	17	45	70	81	80	80	0%
OR Room Turn Around Time (minutes)														30	na

## LEGEND

\* Data represents automated collection

\* Variance is target to recent month





# Safety – Stroger

CCHHS QPS Committee Dashboard															
Data as of 09/15/2015	CY 2014						CY 2015						TARGET	VARIANCE *	
PERFORMANCE MEASURES	Q3 2014			Q4 2014			Q1 2015			Q2 2015					2015
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June			July
Safety															
HAC: Pressure Ulcer Stages III & IV <sup>1</sup>	0	0	2	2	4	4	1	2	1	2	6	7	1		
HAC: Falls with Injury <sup>2</sup>	1	1	0	0	0	0	1	0	0	3	3	2	1		
HAI: CLABSI <sup>3</sup>	1	1	1	1	0	0	3	3	0	4	3	0	0		
HAI: CAUTI <sup>4</sup>	3	2	3	3	1	0	0	1	0	1	0	2	6		

LEGEND
CLABSI: Central line-associated blood stream infections
CAUTI: Catheter-associated urinary tract infections
*Variance is target to recent full quarter



# Patient Experience – Stroger

CCHHS QPS Committee Dashboard															
Data as of 09/15/2015	CY 2014						CY 2015							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2014			Q4 2014			Q1 2015			Q2 2015			2015		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July		
Patient Experience															
Willing to Recommend Hosp (% top box)	70	69	66	66	67	66	70	70	71	66	65	67	68	85	-17%
Communication with Doctors (% top box)	84	84	83	85	81	81	81	85	84	82	81	82	84	88	-4%
Communication with Nurses (% top box)	68	70	70	70	68	70	70	72	71	69	69	72	73	86	-13%
Cleanliness (% top box)	57	52	49	55	51	52	48	51	51	49	49	50	51	77	-26%



# Patient Experience – Provident

CCHHS QPS Committee Dashboard															
Data as of 09/15/2015	CY 2014						CY 2015						TARGET	VARIANCE *	
PERFORMANCE MEASURES	Q3 2014			Q4 2014			Q1 2015			Q2 2015					2015
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June			July
Patient Experience															
Willing to Recommend Hosp (% top box)	54	59	84	63	68	74	66	69	67	66	68	71	62	85	-23%
Communication with Doctors (% top box)	85	85	72	85	84	80	78	80	81	86	86	86	85	88	-3%
Communication with Nurses (% top box)	81	85	75	87	81	80	74	79	78	78	85	85	86	86	0%
Cleanliness (% top box)	69	52	53	57	51	56	61	65	67	74	66	58	47	77	-30%



# ACHN

## CCHHS QPS Committee Dashboard

Data as of 09/15/2015	CY 2014						CY 2015							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2014			Q4 2014			Q1 2015			Q2 2015			2015		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July		
ACHN															
Diabetes Control % with Hgb A1C < 9%	77			78			74	73	73	73	74	74	77	78	-1%
Immunizations: Up to date in children at 24 months (%)	57			68			60	49	58	81	66	74	82	86	-4%
Patient Experience: Moving Through Visit	68			67			65	68	67	68	59	61	59	75	-16%
Patient Experience: Telephone Access	63			62			70	53	64	64	57	61	60	75	-15%



# Board Quality Dashboard

CCHHS QPS Committee Dashboard		CCHHS Board Metrics - Quality						
Data as of 09/15/2015							TARGET	VARIANCE*
PERFORMANCE MEASURES		CY 2014		CY 2015				
		3Q14	4Q14	1Q15	2Q15	3Q15		
						July		
Stroger								
Core Measures		Monthly Composite						
Venous Thromboembolism (VTE) Prevention Only (%)		92	87	86	92	95	99%	-7%
Venous Thromboembolism (VTE) Prevention & Treatment (%)		88	85	83	86	84	99%	-13%
Efficiency - Operating Room		Monthly %						
Surgery Begins at the Scheduled Time (%)		37	38	46	50*	52	80%	-30%
Safety		Total # of Events						
Events: Ulcers, Falls, CLABSI and CAUTI		15	15	12	33	8		
Patient Experience								
Willing to Recommend Hosp (% top box)		68	66	70	66	68	85%	-19%
Provident								
Core Measures								
Venous Thromboembolism (VTE) Prevention VTE 1 & 2 ONLY %)		89	87	98	94	100	99%	-5%
Venous Thromboembolism (VTE) Prevention ALL (%)		92	89	98	95	100	99%	-4%
Efficiency - Operating Room		Monthly %						
Surgery Begins at the Scheduled Time (%)		37	38	16	65	80	80%	-15%
Patient Experience								
Willing to Recommend Hosp (% top box)		66	68	67	68	62	85%	-17%
ACHN								
Diabetes Control % with Hgb A1C < 9%		77	78	73	74	77	78%	-4%
Patient Experience: Moving Through Visit		68	67	67	63	59	75%	-12%
Patient Experience: Telephone Access		63	62	62	61	60	75%	-14%

## LEGEND

CLABSI: Central line-associated blood stream infections

CAUTI: Catheter-associated urinary tract infections

\*Variance is target to recent full quarter



Cook County Health and Hospitals System  
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ATTACHMENT #2

# Operating Room Performance Improvement Project

CCHHS Board of Directors  
Quality and Patient Safety Committee  
22 September 2015

S. McDonald MD, R. Keen MD, G. Voronov, MD, J. Mitton RN, K. Duncan MD  
For the project team



# Background and Goals of the Project

- Improve patient flow through CCHHS operating rooms (ORs)
- Improve timely case starts
- Create OR efficiencies to build capacity
- Improve the OR customer experience
- Establish CCHHS as the surgical provider of choice for our patients





# CCHHS Peri-Operative Overview

- Stroger Hospital: Full spectrum of surgical specialties, including serving as one of 4 Adult Level 1 Trauma Centers in Chicago
- Provident Hospital: Gynecology, Ophthalmology, General Surgery



# CCHHS Perioperative Services

## Current Operations

- Stroger Main OR: 18 ORs + 2 cystoscopy suites
- Provident: 8 ORs
  - New Eye Services (2 additional OR rooms)



# CCHHS Perioperative Services

## Education of Residents

- Surgical: 6 Independent residency programs and 3 Integrated residency programs
  - 81 residents rotating at any given time in 12 different programs
- Anesthesia : CCHHS based residency program
  - 36 residents, 4 year residency
  - 2 student CRNAs\* rotate from Rush



# 2014 Case Volume


2014	STROGER MAIN OR	PROVIDENT
INPATIENT	5145*	122
OUTPATIENT	6205	2155
<b>TOTAL</b>	<b>11350**</b>	<b>2277</b>

\* Of 5145 inpatient cases, nearly 1000 (19%) were Trauma related


\*\* Of 11350 total cases, 3,233 (28%) were urgent cases added to the schedule on the day of surgery




# Process for Elective Surgery

- 
- Patient referred to surgical clinic
  - Identified as requiring surgery
- Referred to Clinic C Preoperative Clinic
  - Evaluated by finance, nursing, anesthesia, medical consult
- Cleared for general anesthesia
  - Surgical case scheduled by service

# Process for Surgery


- 
- Sterile process department (SPD) prepares preliminary case cart day prior to surgery
  - Availability of additional supplies and implants confirmed by nursing
  - Patient arrives on day of surgery
  - Patient admitted to the holding area


# Process for Surgery

- 
- Evaluated by nursing
  - Pre-operative check list completed
- Evaluated by anesthesia
  - Questions answered and consent obtained
- Evaluated by surgical services
  - Questions answered and consent obtained

# Process for Surgery

- 
- Patient to operating room for procedure
  - Procedure completed

- 
- Patient to recovery room or ICU
  - Phase 1 recovery

- 
- Phase 2 recovery
  - Discharge to home or admit to the hospital



# Approach and Methodology

- Informal collaborative multi-disciplinary work with front-line representation began January 2015:
  - Surgery, Anesthesia and Nursing
- Data Driven Process
  - Manual data collection
- DMAIC methodology employed
  - Define, Measure, Analyze, Improve and Control
- Focus on Stroger, on-time starts



# Define

- Metrics set in 2015 Quality plan
- 80% On Time Start
  - First case, as scheduled, starting on time
  - Any case starting on time
- 30 Minute Turnover Time
  - Wheels out to wheels in: Time from previous patient wheeling out of the room to the time the next patient wheels into the operating room



# Measure: Baseline Goals

METRIC	GOAL	QUARTER 3 2014
First case on time starts	80%	37%
Average room turnover time	30 minutes	51 minutes



# External Benchmarks\*

METRIC	50 <sup>th</sup> %ile	90 <sup>th</sup> %ile	95 <sup>th</sup> %ile
First case on time starts (%)	64	88	91
Average room turnover time (minutes)	28	23	21



# Preliminary Analysis:

On Time Start Data Collection November – December 2014

- Same day surgery/holding area delays: 60%
- Surgery service delays: 10%
- Case order changes: 7%
- Nurses/room not ready: 5%
- Patient issues: 5%
- Other/not specified: 13%



# Improve

- Same day surgery/holding staff and managers rescheduled to increase staffing at start of day
- Memos sent to attendings regarding timely arrival
- List of delays attributable to attendings posted in the operating room



# Further Analysis:

May 2015

- Operating room not being ready: 23%
- Case order changes : 22%
  - 75 % due to patient no shows
- Surgery/anesthesia delays: 17%
  - Surgery 13%, anesthesia 4%
- Patient late: 13%
- Medical issues in holding: 7%



# Improve

- Staffing: Time and attendance
- Space considerations: patient flow; storage of supplies
- Sterile processing department
- Supplies and Implants





# Improve

- Memo reminder: case order changes only for triage of more urgent case or patient not ready
- Process for communication of case order changes addressed



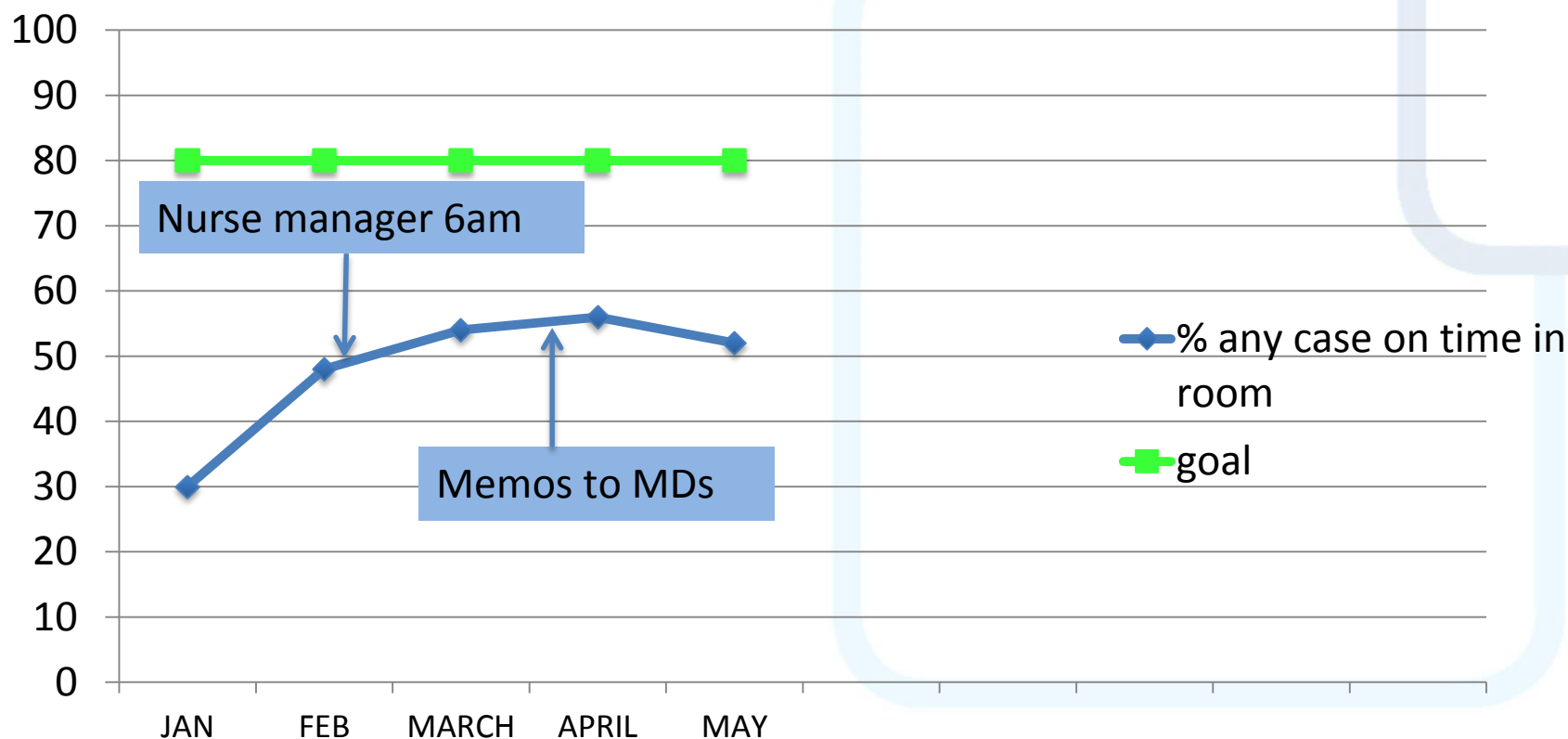
# Automated Reporting

9/9	Late 5	On Time 10	First Case On Time: 67%				9/9/2015	
OR	Sched St	Actual 1st Case Start	Sched 1st Case	Min Delay	Reason	Surgeon	Anesthesia	Circulator
OR 01	7:00:00 AM	7:48:00 AM	No	48		FARLOW M	AL-JINDI	NORBERTE
OR 02	7:00:00 AM	7:00:00 AM	Yes	0		GARAPATI	AL-JINDI	ALICANTE
OR 03	7:00:00 AM	7:11:00 AM	Yes	11	Patient Late	GARAPATI	CASTILLO	TAYLOR R
OR 04	7:00:00 AM	6:58:00 AM	Yes	-2		GREVIOUS	STASZKIE	GOMEZ, L
OR 05	7:00:00 AM	7:23:00 AM	Yes	23	Patient Late	ABADIN M	KIRBY MD	LAZO RN,
OR 06	7:00:00 AM	7:15:00 AM	Yes	15		MONAHAN	JELEV MD	DOUTHARD
OR 07	7:00:00 AM	7:00:00 AM	Yes	0		KOMAR MD	JELEV MD	CABALFIN
OR 08	NA	NA	NA	NA	NA	#N/A	#N/A	#N/A
OR 09	7:00:00 AM	7:00:00 AM	Yes	0		HOLLOWEL	-	BARRETT,
OR 10	7:00:00 AM	6:59:00 AM	Yes	-1		SURGEON,	AKINTORI	MENESES,
OR 11	NA	NA	NA	NA	NA	#N/A	#N/A	#N/A
OR 12	7:00:00 AM	6:58:00 AM	Yes	-2		HASAN MD	KOLESNIK	PARK RN,
OR 13	7:00:00 AM	7:29:00 AM	No	29	Case Order Change-Earlier Patient NS	BURTCH M	SLYVKA M	LEGARDA,
OR 14	7:00:00 AM	7:00:00 AM	Yes	0		GAMBLE M	SLYVKA M	MCCOLMEY
OR 15	NA	NA	NA	NA	NA	#N/A	#N/A	#N/A
OR 16	7:00:00 AM	7:00:00 AM	Yes	0		CINTRON	SLYVKA M	GUTANG R
OR 17	7:00:00 AM	NA	NA	NA	NA	#N/A	#N/A	#N/A
OR 18	7:00:00 AM	6:58:00 AM	Yes	-2		SIERENS	-	POWELL,
OR 19	7:00:00 AM	6:59:00 AM	Yes	-1		HOLLOWEL	MALHOTRA	-
OR 20	NA	NA	NA	NA	NA	#N/A	#N/A	#N/A



# On Time Starts

## Including Any First Case in Room



# Performance Improvement Project

## Formal Process Analysis

- Interim analysis demonstrated further opportunities to continue process improvement using Lean methodology
- Executive steering committee and project oversight committees convened
- Frontline staff engaged – surgeons, anesthesiologists, nurses, residents, EVS\*, scheduling clerks, techs, medical consultation, registration clerks, interpreters

\*EVS = Environmental Services



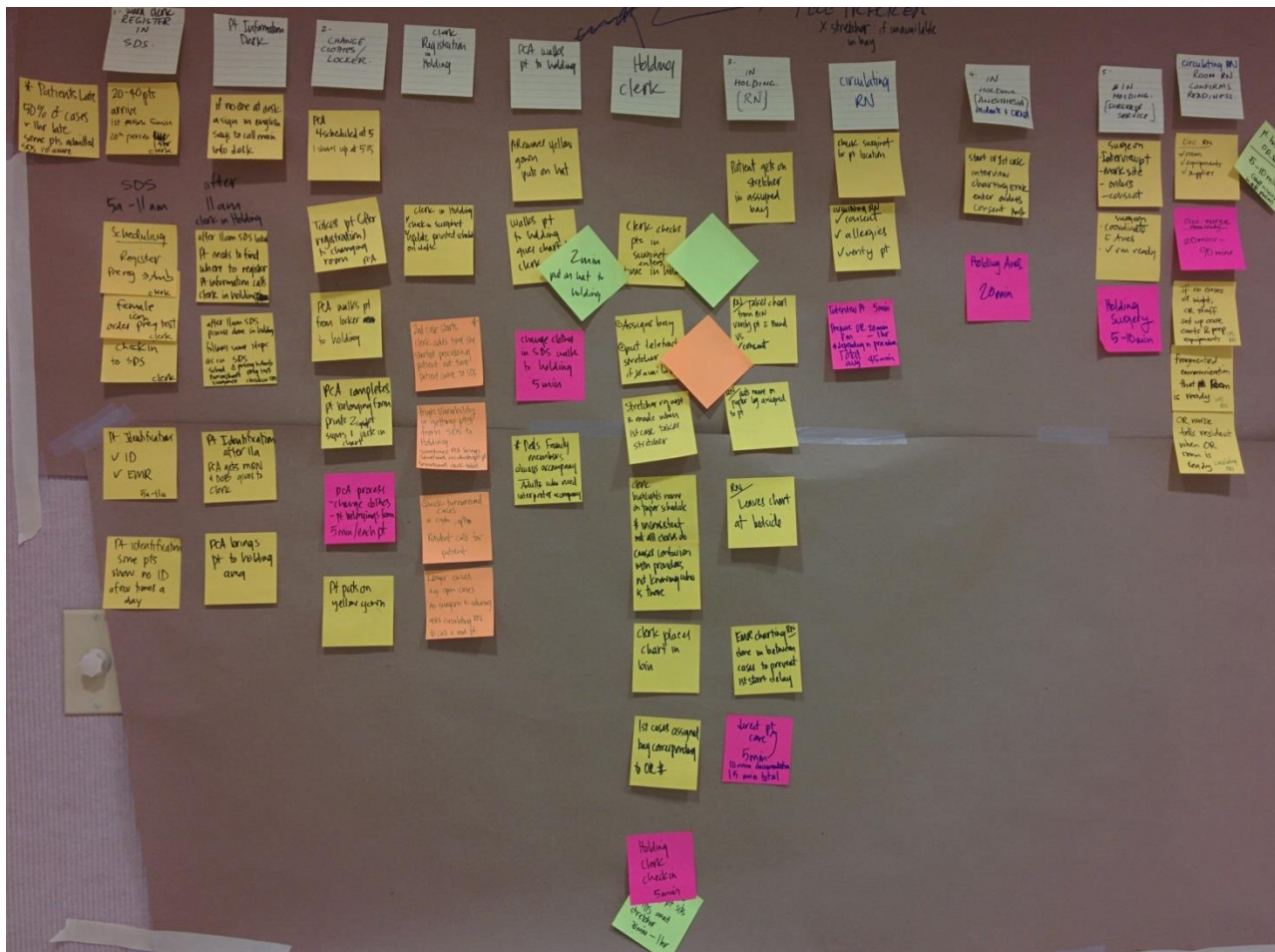
# 2 Day Value Stream

June 2015

- Day One: identification of surgical patient in surgical clinic through completion of the preoperative evaluation and arrival in same day surgery
- Day Two: arrival in same day surgery through discharge from the recovery room
- Front-line staff engaged
- Numerous known opportunities validated by front line staff

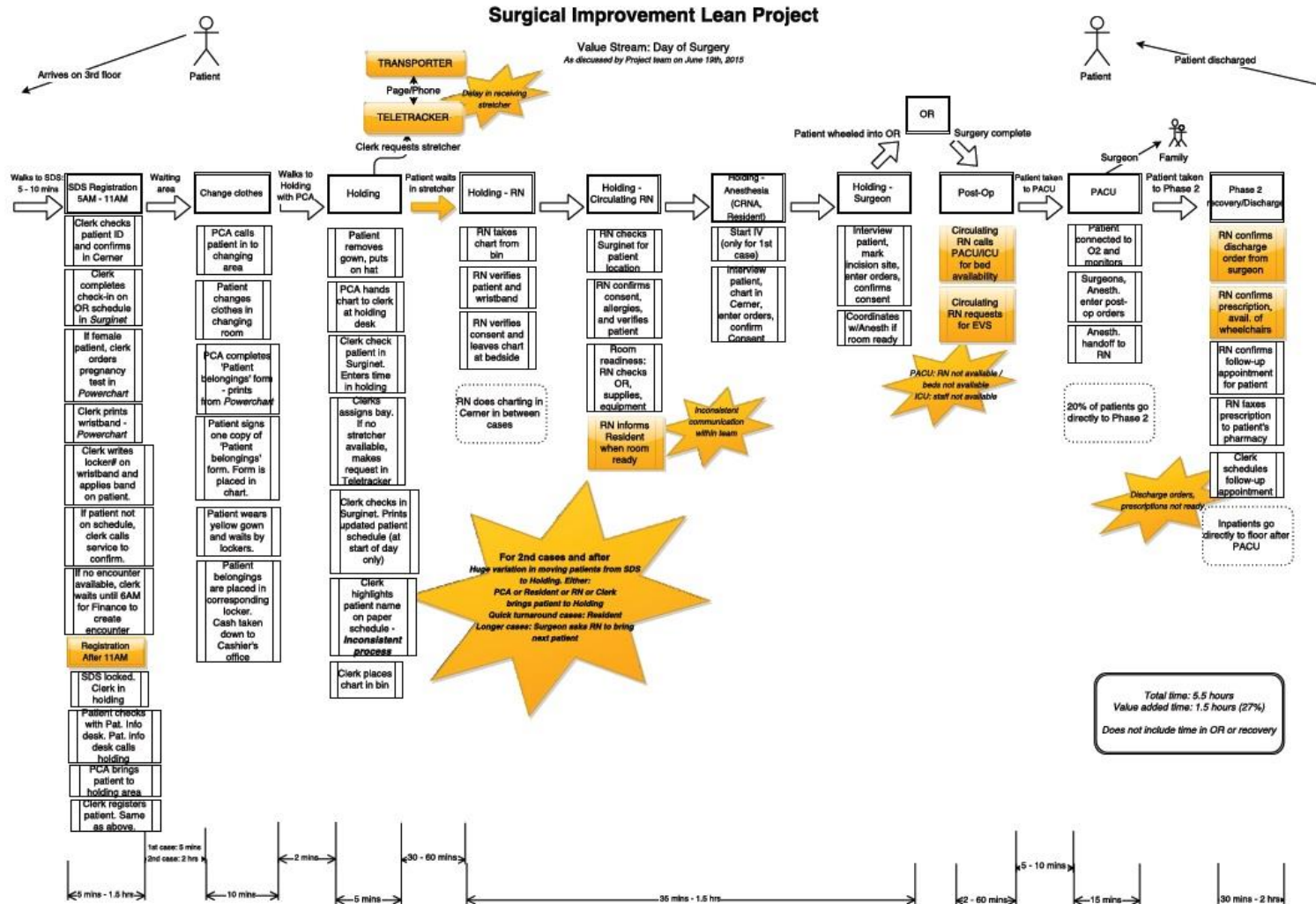


## 2 Day Value Stream



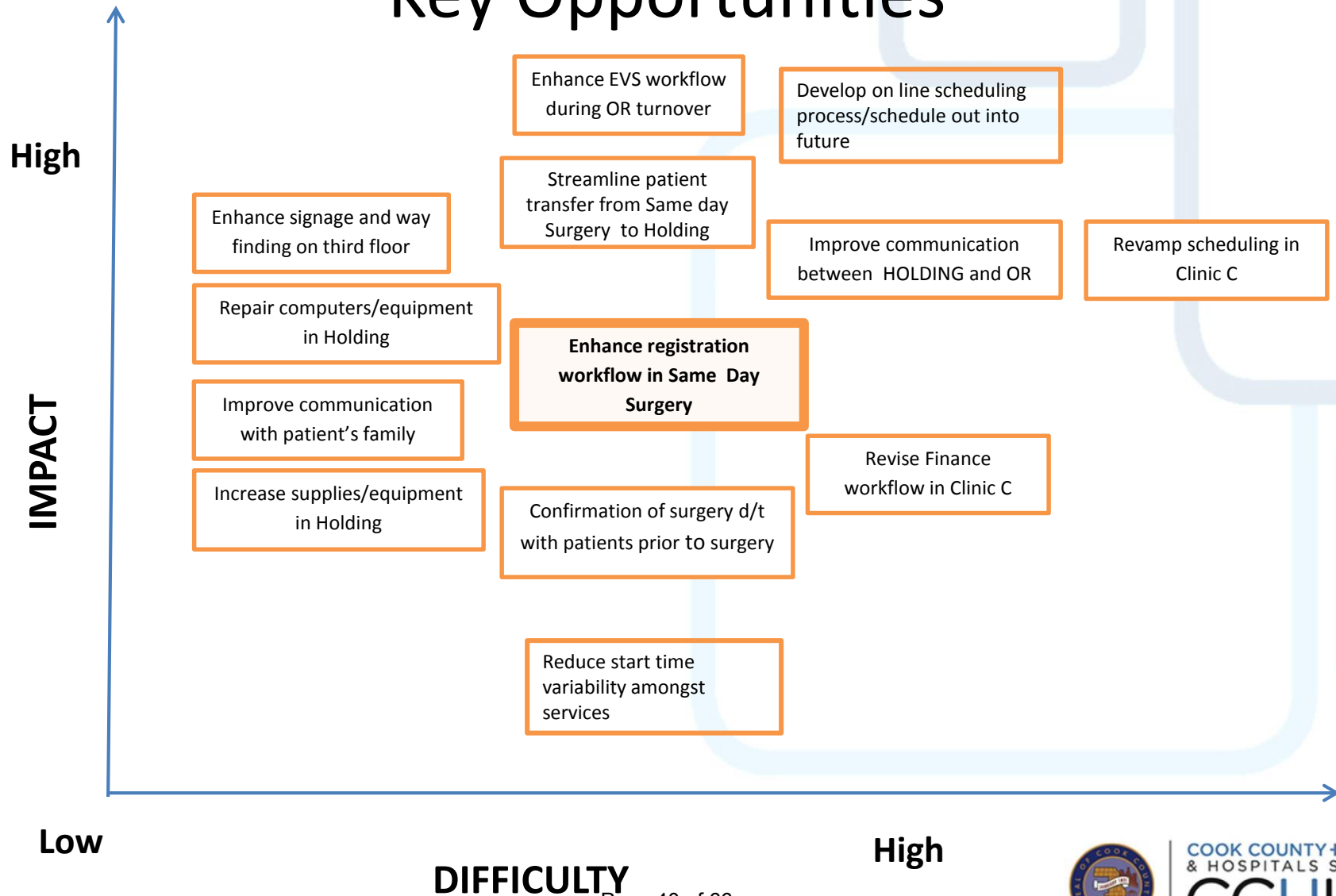


# Current Condition



# Prioritization Matrix

## Key Opportunities





# Performance Improvement Project

## Focus on Registration

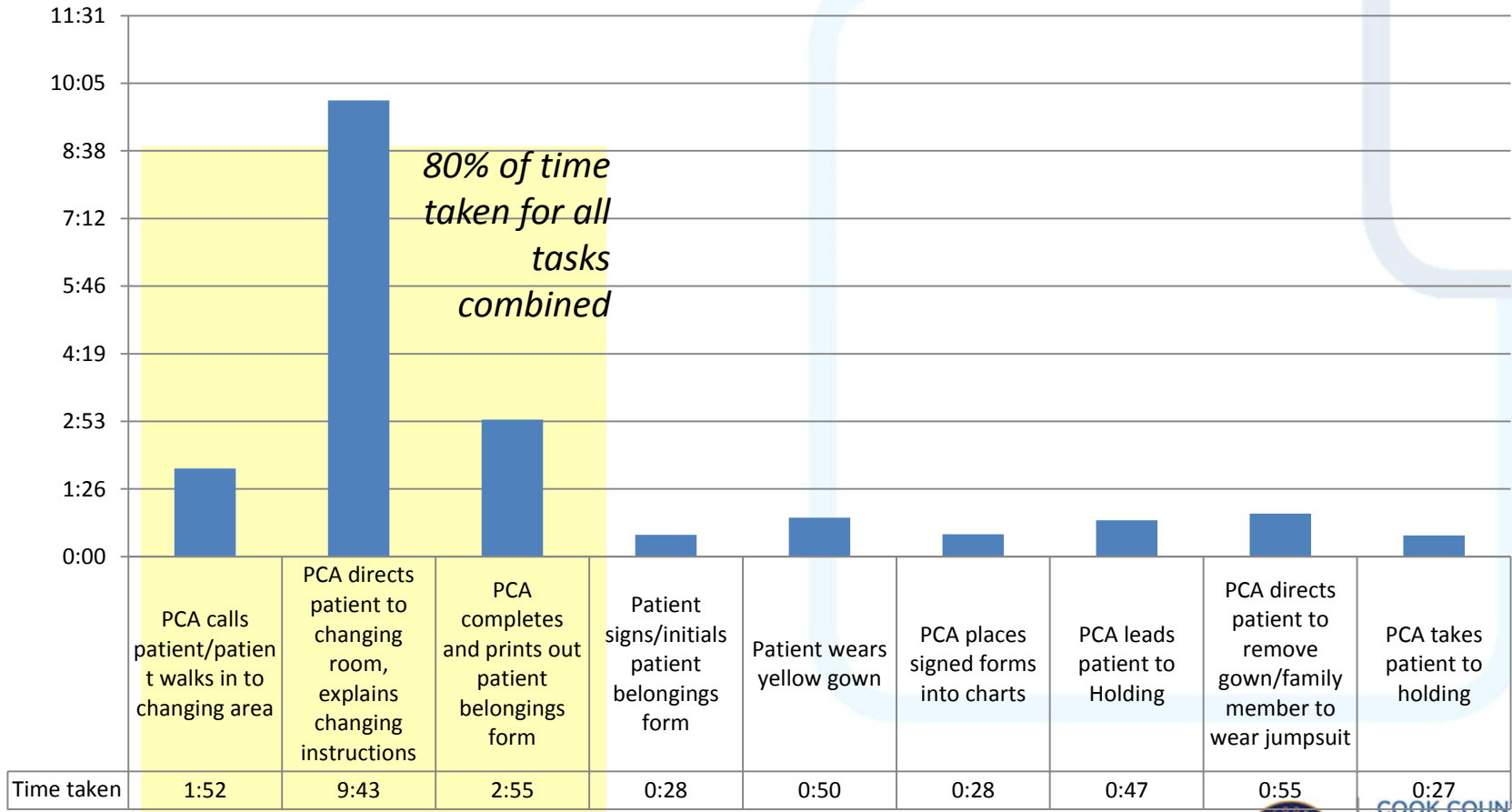
- Opportunities to improve experience and efficiency at initial registration
- Analysis —————> standard work being developed for clerks and patient care assistants in same day surgery
- Implementation underway
- Re-evaluation after new processes in place



# Problem Analysis

## *Patient transfer to holding*

### Average time spent per task

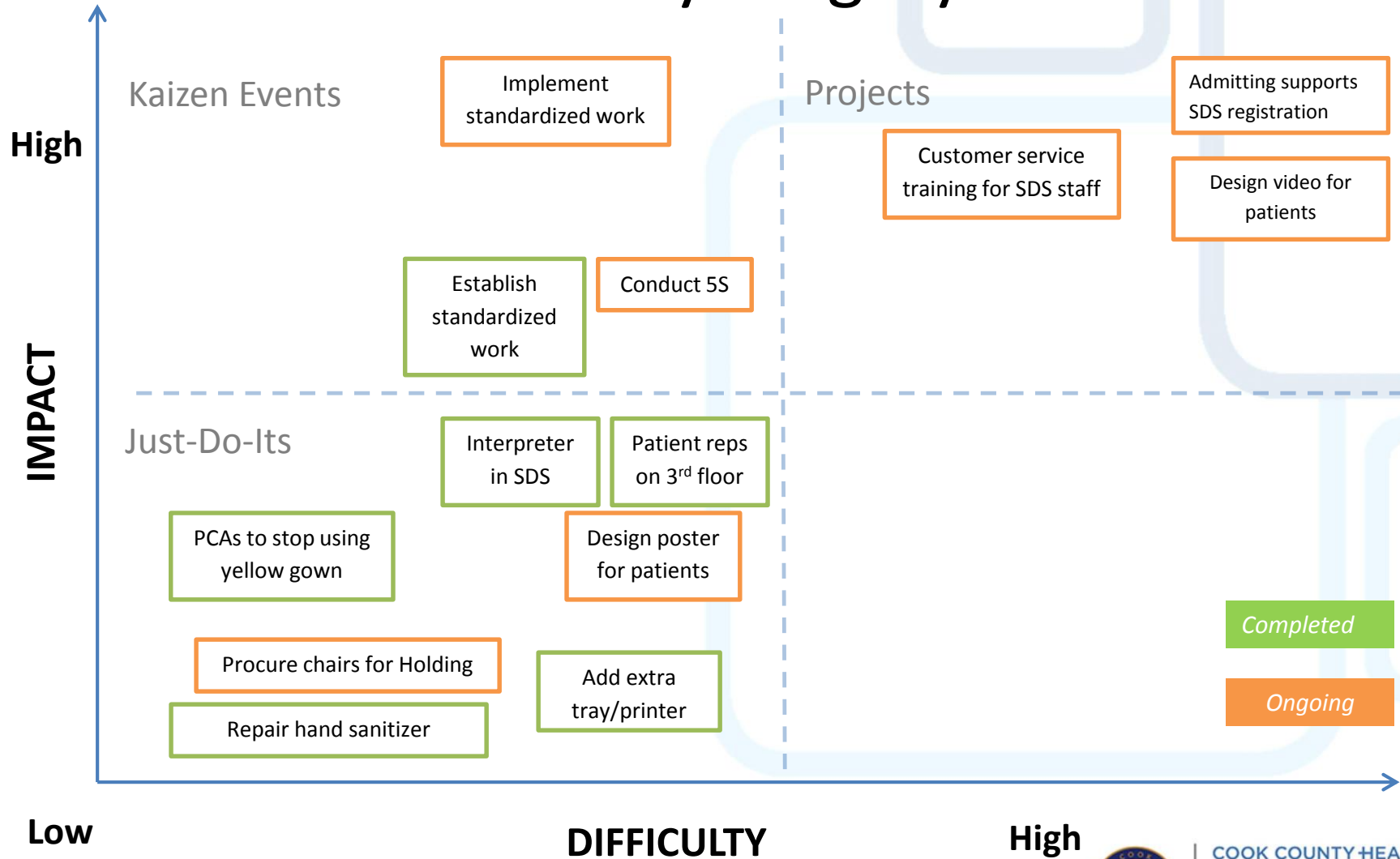


\*PCA = Patient Care Attendant



# Prioritization Matrix

## Same Day Surgery



# Improvement Plan

## Same Day Surgery

Task	Status	
Establish standardized work for clerks and PCAs in SDS	Completed	
PCA to stop using yellow gown when exiting holding	Completed	
Interpreter to be staffed at SDS starting 5AM	Completed	
Patient reps to start at front desk on the third floor	Completed	
Repair hand sanitizer dispenser in room 3326/room 5	Completed	
Add extra tray to existing printer at check-in desk	Completed	
Task	Status	Complete by
Procure new chairs for holding	Ongoing	10/1
Design poster outlining changing instructions for patients	Ongoing	9/30
Provide customer service training for SDS staff	Ongoing	9/30
Implement standardized work in SDS	Ongoing	9/17
Conduct 5S in SDS	Ongoing	9/30
Admitting to support SDS registration	Ongoing	Tbd
Design video displaying instructions for patients in SDS	Ongoing	Tbd

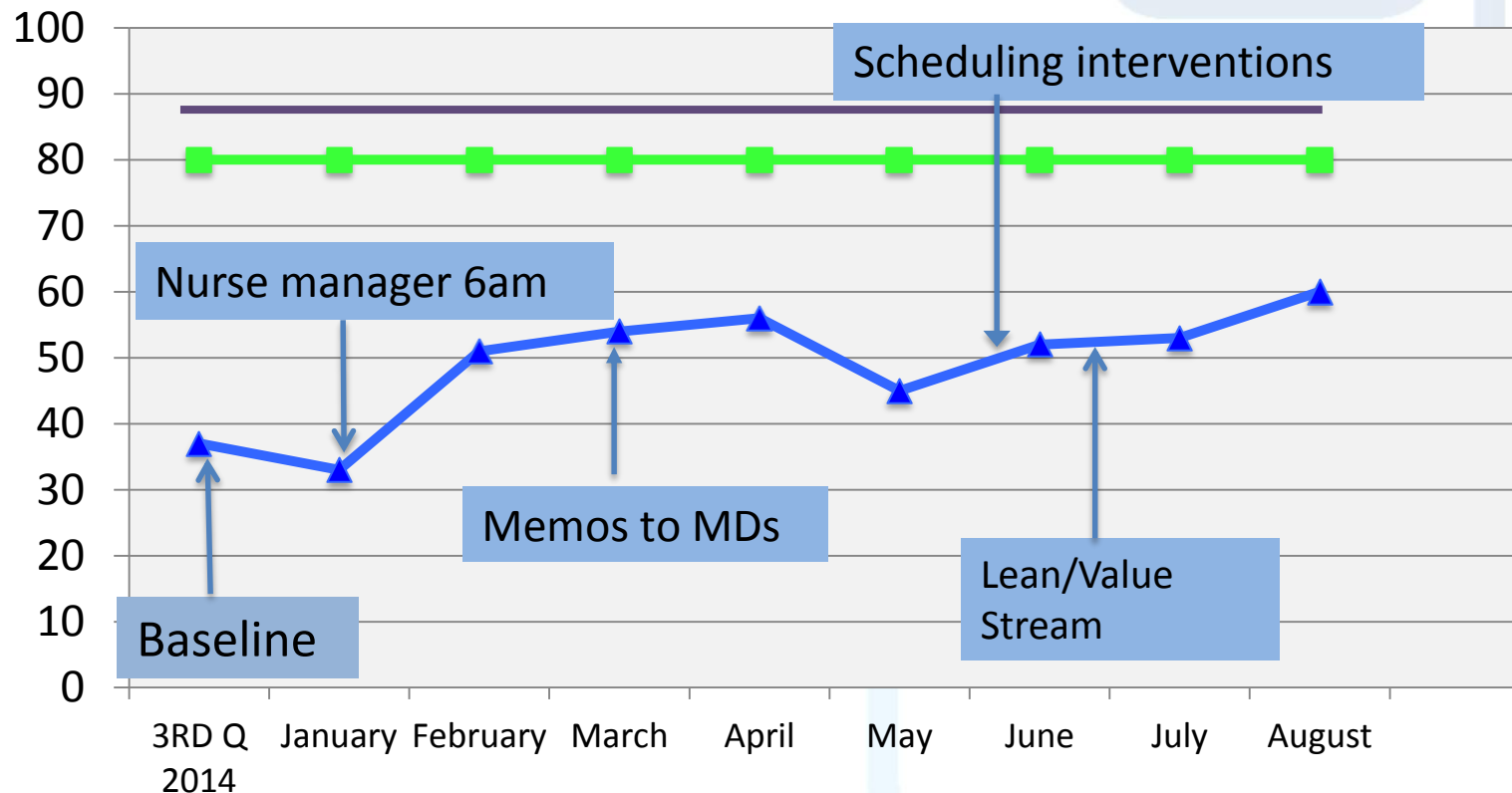


# Operational Improvements

- Redesign of waiting area for patient's families
- Redesign/construction of available space for better patient flow in same day surgery
- Redesign/construction in the operating room for storage and central core areas
- Major construction and equipment upgrade in sterile processing department
- Reorganization of ordering and purchasing process



# First Scheduled Case On Time Start

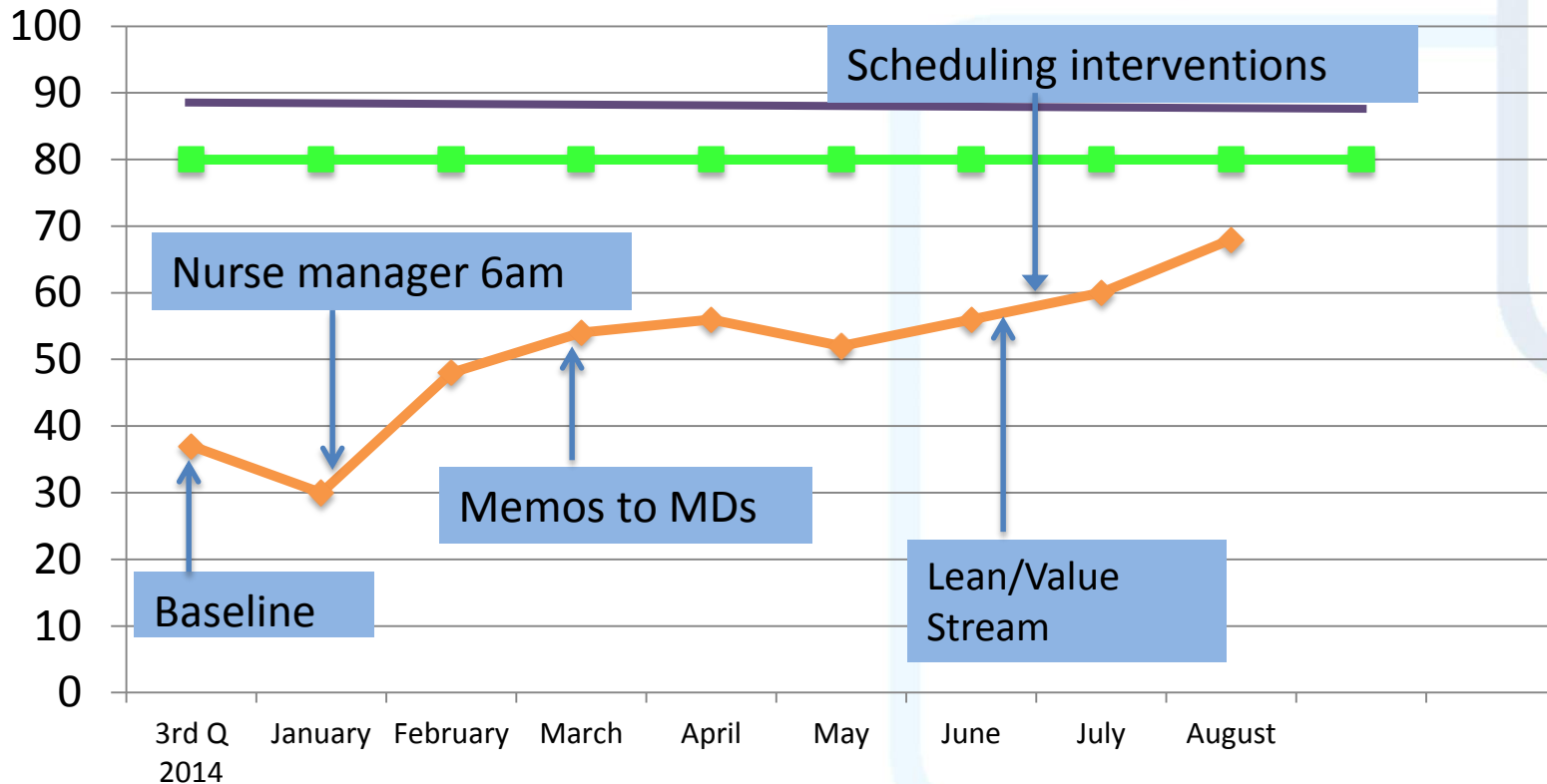


— 90<sup>th</sup> Percentile  
— Project goal



# On Time Starts

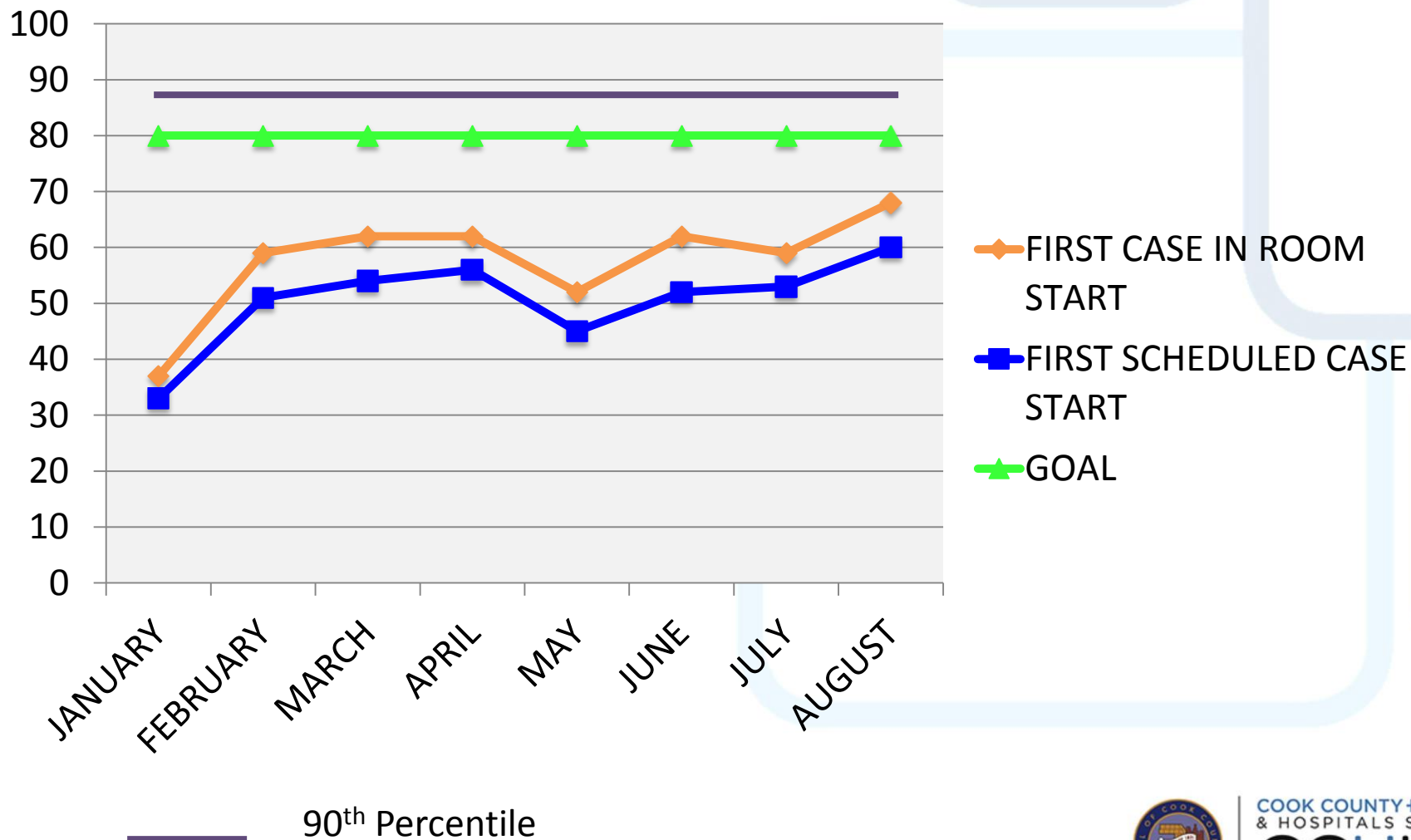
## Including Any First Case in Room



— 90<sup>th</sup> Percentile  
— Project goal

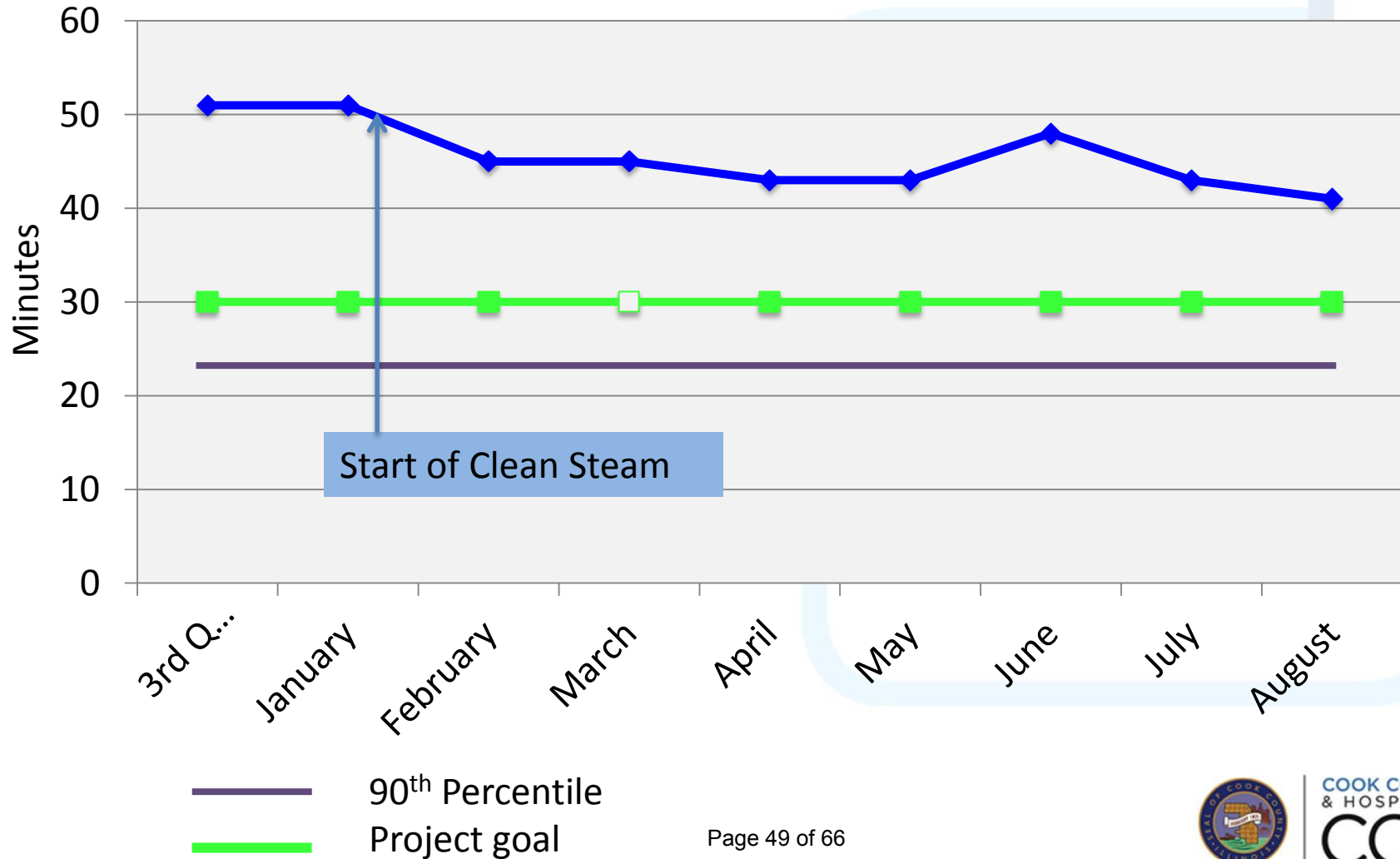


# First Case Starts: Room Starts





# Average Turnover Wheels Out to Wheels In



# Opportunities for OR Process Improvement

- Meeting first start goal could increase available time by 3 %
- Meeting turnover time goal: approximate 5-7% increase in available OR time, with no additional staff
- Ability to use the additional 3 ORs, not currently scheduled, would provide additional 18 % OR hours, (requires hiring of additional staff)
- Staffing 10 ORs until 6 pm increases available OR time by 20 % (requires hiring of additional staff)



# Main OR Staffing Models: Challenges

- National shortage of OR nurses
- Competitiveness in local market
  - Sign on bonuses
  - Flexibility of schedule
- Shortage of available staff via agency staffing
- Length of training and orientation required for new hires



# 2015 Metrics Summary

## Stroger OR

METRIC	BASELINE 3 <sup>RD</sup> Q 2014	MOST RECENT 3 MONTHS	AUGUST 2015	GOAL
FIRST CASE ON TIME START	37%	61%	68%	80%
AVERAGE ROOM TURNOVER TIME	51 min	44 min (14% IMPROVEMENT)	41 min (20% IMPROVEMENT)	30 min



# Future Directions

- Changes to space for improved patient experience and efficiency
  - Waiting areas, patient flow, storage areas and central sterile cores, sterile processing department
- Lean process analysis
  - On time starts, turnover times, preoperative clinic
- Ongoing efforts around recruitment of OR staff
- Ongoing cultural change and customer service education



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
September 22, 2015

ATTACHMENT #3

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

**Toni Preckwinkle**  
President  
Cook County Board of Commissioners  
**John Jay Shannon, MD**  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

**Cook County Health & Hospitals System  
Board Members**  
**M. Hill Hanunock • Chairman**  
**Commissioner Jerry Butler • Vice Chairman**  
Lewis Collens  
Ric Estrada  
Ada Mary Gugenheim  
Emilie N. Junge  
Wayne M. Lemer, DPH, FACHE  
Erica E. Marsh, MD MSCI  
Carmen Velasquez  
Dorene P. Wiese, EdD

**Ozuru O. Ukoha, MD**  
President,  
Executive Medical Staff  
**John H. Stroger, Jr.**  
Hospital of Cook County

Date: September 15, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County, at its September 8, 2015 meeting, approved the attached list of medical staff action items for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Ukoha", with a long horizontal line extending to the right.

Ozuru O. Ukoha, MD  
President, EMS



## Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPOINTMENT APPLICATIONS

Altiveros, Andrew, MD Appointment Effective:	Pediatrics September 22, 2015 thru September 21, 2017	Active
Alvarez, Ixchel, DO Appointment Effective:	Family Medicine/ACHN September 22, 2015 thru September 21, 2017	Active
Asiedu, Candace, MD Appointment Effective:	Family Medicine September 22, 2015 thru September 21, 2017	Active
Bagga, Sumit, MD Appointment Effective:	Family Medicine September 22, 2015 thru September 21, 2016	Active
Blair, Michael P., MD Appointment Effective:	Surgery/Ophthalmology September 22, 2015 thru September 21, 2017	Voluntary
Chelvayohan, Gomathie, MD Appointment Effective:	Correctional Health Services September 22, 2015 thru September 21, 2017	Active
Iqbal, Asneha, MD Appointment Effective:	Pediatrics September 22, 2015 thru September 21, 2017	Active
Mercon, T.B.A., Monica, MD Appointment Effective:	Medicine/General Medicine September 22, 2015 thru September 21, 2017	Active
Psutka, Sarah P., MD Appointment Effective:	Surgery/Urology September 22, 2015 thru September 21, 2017	Active
Ree, Nicholas, DO Appointment Effective:	Pathology/Anatomic Pathology September 22, 2015 thru September 21, 2017	Active
Ryali, Madhavi, MD Appointment Effective:	Correctional Health Services September 22, 2015 thru September 21, 2017	Active
Yon, James R., MD Appointment Effective:	Trauma/Burn Unit September 22, 2015 thru September 21, 2017	Voluntary

### INITIAL APPOINTMENT NON-PHYSICIAN APPLICATION

Fusco, James, PsyD Appointment Effective:	Psychiatry/ACHN September 22, 2015 thru September 21, 2017	Clinical Psychologist
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### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology:

Krause, Mark, MD Reappointment Effective:	Anesthesiology October 21, 2015 thru October 20, 2017	Active
Swiner, III, Connie, MD Reappointment Effective:	Anesthesiology October 19, 2015 thru October 18, 2017	Affiliate

**CCHHS  
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON SEPTEMBER 22, 2015**



**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications (continued)**

**Department of Correctional Health Services:**

Ledvora, Ronald F., MD	Medicine	Active
Reappointment Effective:	October 21, 2015 thru October 21, 2017	
Ledvora, Ronald F., MD	Psychiatry	Voluntary
Reappointment Effective:	October 18, 2015 thru October 17, 2017	

**Department of Emergency Medicine:**

Mycyk, Mark B., MD	Emergency Medicine	Active
Reappointment Effective:	October 16, 2015 thru October 15, 2017	
Weber, Joseph F., MD	Emergency Medicine	Active
Reappointment Effective:	October 20, 2015 thru October 19, 2017	

**Department of Medicine:**

Beard, Glenn A., MD	Pulmonary Critical Care	Active
Reappointment Effective:	October 20, 2015 thru October 19, 2017	
DeLeon, Humberto, MD	Hospital Medicine	Active
Reappointment Effective:	October 18, 2015 thru October 17, 2017	
Haratau, Ioana MD	General Medicine	Active
Reappointment Effective:	October 18, 2015 thru October 17, 2017	
Hanna, Aseel, MD	General Medicine/ACHN	Active
Reappointment Effective:	October 20, 2015 thru October 19, 2017	
Hinami, Keiki, MD	Collaborative Research	Active
Reappointment Effective:	October 8, 2015 thru October 7, 2017	
Mosnaim, Giselle, MD	Pulmonary Critical Care	Consulting
Reappointment Effective:	October 20, 2015 thru October 19, 2017	
Patel, Shilpa, MD	Infectious Diseases	Active
Reappointment Effective:	October 18, 2015 thru October 17, 2017	
Yamani, Naser, MD	General Medicine/ACHN	Active
Reappointment Effective:	October 8, 2015 thru October 7, 2016	

**Department of Obstetrics and Gynecology:**

Gamble, Tondalaya, MD	Ob/Gyne	Active
Reappointment Effective:	October 21, 2015 thru October 20, 2017	

**Department of Oral Health:**

Rabin, Randy Charles, DDS	Correctional Health Services	Active
Reappointment Effective:	September 22, 2015 thru September 21, 2017	

**CCHHS**  
**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 22, 2015**

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications (continued)**

**Department of Pediatrics:**

Agarwal, Ghanshyam, MD Reappointment Effective:	Neonatology October 16, 2015 thru October 15, 2017	Active
Cunhill, Denise, MD Reappointment Effective:	ACHN October 18, 2015 thru October 17, 2017	Active
Dighe, Dipti, MD Reappointment Effective:	Hematology/Oncology October 18, 2015 thru October 17, 2017	Active
Jacobson, Phillip, MD Reappointment Effective:	Critical Care October 21, 2015 thru October 20, 2017	Active
Kangethe, Francis T., MD Reappointment Effective:	Pediatrics October 21, 2015 thru October 20, 2017	Active
Lorand, Michele, MD Reappointment Effective:	Child Protective Services October 21, 2015 thru October 20, 2017	Active
Moy, James, MD Reappointment Effective:	Allergy and Immunology October 21, 2015 thru October 20, 2017	Active
Patel, Mita, MD Reappointment Effective:	ACHN October 18, 2015 thru October 17, 2017	Active
Romantseva, Lubov, MD Reappointment Effective:	Pediatrics October 09, 2015 thru October 08, 2017	Active
Seo-Lee, Alisa, MD Reappointment Effective:	Pediatrics October 21, 2015 thru October 20, 2017	Active
Walton-Verner, Kimberly, MD Reappointment Effective:	ACHN October 18, 2015 thru October 17, 2017	Active

**Department of Psychiatry:**

Arenas, Virgilio B., MD Reappointment Effective:	CORE Center October 21, 2015 thru October 20, 2017	Consulting
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**Department of Surgery:**

Burke, Winston, DPM Reappointment Effective:	Podiatry September 23, 2015 thru September 22, 2017	Affiliate
Chiu, Bill, MD Reappointment Effective:	Pediatric September 23, 2015 thru September 22, 2017	Voluntary
Garapati, Rajeev, MD Reappointment Effective:	Orthopaedics October 21, 2015 thru October 20, 2017	Voluntary
Godsel, Mark E., DPM Reappointment Effective:	Podiatry September 28, 2015 thru September 27, 2016	Active

**CCHHS**  
**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 22, 2015**

## **John H. Stroger, Jr. Hospital of Cook County (continued)**

### **Renewal of Privileges for Non-Medical Staff:**

Bonecutter, Bruce E. PhD Effective:	Psychiatry/Juvenile Detention Center September 22, 2015 thru September 21, 2017	Clinical Psychologist
Conant, James Brian, PsyD Effective:	Psychiatry/Juvenile Detention Center September 22, 2015 thru September 21, 2017	Clinical Psychologist
Hubl, Jessica L., CRNA Effective:	Anesthesiology September 23, 2015 thru September 22, 2017	Nurse Anesthetist
Kling, Patricia G., CNP With Rastogi, Alok, MD Effective:	Pediatrics/Neonatology September 22, 2015 thru September 21, 2017	Nurse Practitioner
Krueger, Kristin, PsyD Effective:	Psychiatry/Adult Psychiatry September 23, 2015 thru September 22, 2017	Clinical Psychologist
Marino, Keith A., CRNA Effective:	Anesthesiology September 22, 2015 thru September 21, 2017	Nurse Anesthetist
Quezada-Gomez, Carlos, PsyD Effective:	Psychiatry/Correctional Health Services October 21, 2015 thru October 20, 2017	Clinical Psychologist

### **Collaborative/Supervision Agreement Only:**

El, Katherine, PA-C With Mekhael, Fayez, M., MD Alternate Paul, Reena D., MD Effective:	Correctional Health Services September 22, 2015 thru September 21, 2017	Physician Assistant
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### **Medical Staff Additional Privileges**

Gast, Thomas, MD	Radiology Moderate Sedation	Active
Kay, Daniel, MD	Radiology Moderate Sedation	Active

**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 22, 2015**



# COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle  
President  
Cook County Board of Commissioners  
John Jay Shannon, MD  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

## Cook County Health & Hospitals System Board Members

M. Hill Hammock • Chairman  
Commissioner Jerry Butler • Vice Chairman  
Lewis Collens  
Ric Estrada  
Ada Mary Gugenheim  
Emilie N. Junge  
Wayne M. Lerner, DPH, FACHE  
Erica E. Marsh, MD MSCl  
Carmen Velasquez  
Dorene P. Wiese, EdD

Anwer Hussain, DO, FAAEM  
President,  
Medical Executive Committee  
Provident Hospital  
Of Cook County

September 4, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on September 1, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Anwer Hussain", with a long horizontal line extending to the right.

Anwer Hussain, DO  
President, MEC



# Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

## INITIAL APPOINTMENT APPLICATIONS

Alhanoun, Elias, MD Appointment Effective:	Internal Medicine/Pulmonary September 22, 2015 thru August 27, 2017	Affiliate
Psutka, Sarah P., MD Appointment Effective:	Urology September 22, 2015 thru September 21, 2017	Affiliate
Trinkus, Victor, MD Appointment Effective:	Obstetrics/Gynecology September 22, 2015 thru September 21, 2017	Affiliate
Wang, Leo K., MD Appointment Effective:	Surgery / Ophthalmology September 22, 2015 thru September 22, 2017	Consulting

## REAPPOINTMENT APPLICATIONS

### Department of Anesthesiology

Krause, Mark D., MD Reappointment Effective:	Anesthesiology October 22, 2015 thru October 21, 2017	Active
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### Department of Emergency Medicine

Bhatt, Tapan, DO Reappointment Effective:	Emergency Medicine October 16, 2015 thru October 15, 2017	Active
Simeakas, Sophie, DO Reappointment Effective:	Emergency Medicine October 16, 2015 thru October 15, 2017	Active

### Department of Internal Medicine

Carryon, Paul, MD Reappointment Effective:	Cardiology October 18, 2015 thru October 17, 2017	Active
Singleton, Lafayette, MD Reappointment Effective:	Neurology October 18, 2015 thru October 17, 2017	Affiliate
Tulaimat, Aiman, MD Reappointment Effective:	Pulmonary October 21, 2015 thru October 20, 2017	Affiliate

### Department of Obstetrics and Gynecology

Gamble, Tondalaya, M.D. Reappointment Effective:	Obstetrics/Gynecology October 21, 2015 thru October 20, 2017	Affiliate
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### Department of Radiology

Javier, Calvin, M.D. Reappointment Effective:	Radiology October 16, 2015 thru October 15, 2017	Active
Williams, Kenneth D., MD Reappointment Effective:	Radiology October 16, 2015 thru October 15, 2017	Active

**CCHHS  
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON SEPTEMBER 22, 2015**

**Provident Hospital of Cook County**  
**Reappointment Applications (continued)**

**Department of Surgery**

Godsel, Mark E., DPM  
Reappointment Effective:

Podiatry  
September 28, 2015 thru September 27, 2016

Affiliate

**Non-Medical Staff Privileges:**

El, Katherine, PA-C  
With Roskam, Stephen, DO  
Alternate Wakim, Pierre E., DO  
Effective:

Emergency Medicine  
  
September 22, 2015 thru September 21, 2017

Physician Assistant

Modi, Miteshkumar N., PA-C  
With Sigamony, Ranjit, MD  
Alternate Vydas, Hector A., MD  
Effective:

Internal Medicine  
  
September 22, 2015 thru September 21, 2016

Physician Assistant

Powell, Stephanie P., PA-C  
With Charles, Lesley A., MD  
Alternate Moswin, Arthur H., MD  
Effective:

Internal Medicine  
  
September 22, 2015 thru September 21, 2017

Physician Assistant

**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON SEPTEMBER 22, 2015**



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
September 22, 2015

ATTACHMENT #4

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

**Toni Preckwinkle**  
President  
Cook County Board of Commissioners  
**John Jay Shannon, MD**  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

**Cook County Health & Hospitals System  
Board Members**  
**M. Hill Hammock • Chairman**  
**Commissioner Jerry Butler • Vice Chairman**  
Lewis Collens  
Ric Estrada  
Ada Mary Gugenheim  
Emilie N. Junge  
Wayne M. Lerner, DPH, FACHE  
Carmen Velasquez  
Dorene P. Wiese, EdD

## Memorandum

**DATE:** 17 September 2015

**FROM:** Ozuru Ukoha, MD, President, Executive Medical Staff  
John H. Stroger, Jr. Hospital

**TO:** Mary Gugenheim, Chairman, Quality and Patient Safety Committee  
Cook County Health and Hospitals System Board of Directors

**RE:** Approval of Clinical Contract Review

As specified by the Joint Commission leadership standards (LD.04.03.09) leaders of the organization monitor the performance of contracted services for care and treatment of patients. Leaders, including the organized Medical Staff and the Board of Directors, assure that the same level of care is provided, whether directly by the hospital or through contracted services.

This standard applies to services such as care and treatment, which are provided to the hospital's patients. It does not apply to contracted services which are not directly related to patient care.

The Executive Medical Staff of John H. Stroger, Jr. Hospital, through the Department Heads of the using departments, have reviewed the clinical contracts in the attached list. Key performance indicators and clinical and regulatory indicators have been used to evaluate the contracts for satisfactory clinical performance as summarized in this list. All the clinical contracts listed have been found to be compliant. This evaluation has been presented to the Executive Medical Staff and they have approved the compliance with the contracts as described herein.

This document is now being presented to the Quality and Safety Committee of the CCHHS Board of Directors for the Committee's approval of the process of clinical contract review.



# CLINICAL CONTRACT COMPLIANCE SUMMARY

Contract Name	Description	Contract Oversight	Completed
<b>Case Management</b>			
Glencrest Nursing Home Group	Skilled Nursing	Licensing, Site visits	Y
NUCARE SERVICES CORP	Services, Sleep Management	Licensing, Site visits	Y
RehabCare Group Inc	Phy Occu Speech Therapy	Licensing, Site visits	Y
RML Specialty Hospital	Acute Rehabilitation Service	Licensing, Site visits	Y
Schwab Rehab Center	Rehab Services	Licensing, Site visits	Y
<b>Dietary</b>			
JC Food Service Contracts	Food/Nutrition	Licensing, Safety Record	Y
Sodexo USA	Food/Nutrition	Licensing, Safety Record, Complaints	Y
<b>Medicine</b>			
Board of Trustees Univ of Illinois	Services, Clinical Pharmacists	Credentials, OPPE, Complaints	Y
RUSH A: CARDIOLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH B: DERMATOLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH C: ENDOCRINOLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH D: HEMATOLOGY/ONCOLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH E: ELECTROPHYSIOLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH F: INFECTIOUS DISEASE	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH G: NEPHROLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH H: NEUROLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH I: PULMONARY/CRITICAL CARE MEDICINE	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH J: RHEUMATOLOGY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH K: COLLABORATIVE RESEARCH UNIT	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH L: PALLIATIVE CARE MEDICINE	Professional Clinical Services	Credentials, OPPE, Complaints	Y
<b>Medicine/Dialysis</b>			
Lincoln Park Dialysis Service Inc	Hemodialysis & Apheresis	Licensing, Safety Record, Indicators	Y
<b>Medicine/Sleep</b>			
Neurocare Inc.	Services, Sleep Management	Licensing, Safety Record, Indicators	Y
<b>Nursing</b>			
LMR Nursing Services Inc	Service, Registry Nursing	Licensing, Orientation, Complaints, Evals	Y
Maxim Healthcare Services	Service, Registry Nursing	Licensing, Orientation, Complaints, Evals	Y

**APPROVED**

SEP 25 2015

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

Contract Name		Contract Oversight	Completed
<b>Nursing (Cont)</b>			
Med-Call Health Care, Inc	Service, Registry Nursing	Licensing, Orientation, Complaints, Evals	Y
Nurse Agency Inc	Service, Registry Nursing	Licensing, Orientation, Complaints, Evals	Y
Nursefinders	Service, Registry Nursing	Licensing, Orientation, Complaints, Evals	Y
<b>Pathology/Blood Bank</b>			
Fresenius, USA	Therapeutic Apheresis	Licensing, Safety Record, Indicators	Y
ITXM Clinical Services	Medical Director for Blood Bank	Credentials, OPPE, Complaints	Y
<b>Pediatrics</b>			
Center for Human Genetics Inc.	Genetic Testing Services	Licensing	Y
Center for Human Genetics Inc.	Test, Genetics	Licensing	Y
RUSH UNIV MEDICAL CTRN: PEDIATRICS	Professional Clinical Services	Credentials, OPPE, Complaints	Y
Suma P. Pyati	Service Consulting Physician	Credentials, OPPE, Complaints	Y
<b>Physical Therapy</b>			
Allied Health Professionals LLC	PT/OT Staff	Licensing, Orientation, Complaints, Evals	Y
Ballert Orthopedics	Custom Orthotics	Licensing, Orientation, Complaints, Evals	Y
Chicago Area Interpreter Referral	Service, Sign Language Interpreter	Licensing, Orientation, Complaints, Evals	Y
RTG	Rehab Therapy Staff	Licensing, Orientation, Complaints, Evals	Y
Select Medical Products	Speech & Physical Therapy	Licensing, Orientation, Complaints, Evals	Y
Staff on Demand LLC	Physical Occup Speech Therapy	Licensing, Orientation, Complaints, Evals	Y
<b>Psychiatry</b>			
RUSH R: PSYCHIATRY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
<b>Radiology</b>			
Cook County Radiation Oncology S	Radiation Therapy and Staffing Service	Credentials, OPPE, Complaints	Y
Molecular Imaging of Suburban Chicago	Services, PET/CT Imaging	Licensing	Y
STW - Smith Thomas Williamson	Technical Services	Licensing, Orientation, Complaints, Evals	Y
<b>Surgery</b>			
RUSH O: CV SURGERY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH P: GENERAL SURGERY	Professional Clinical Services	Credentials, OPPE, Complaints	Y
RUSH Q: ORTHOPEDIC SURGERY	Professional Clinical Services	NA	NA